

QUALIFYING EVENTS FOR CHANGES TO HEALTH, DENTAL INSURANCE COVERAGE or FSA (FLEXIBLE SPENDING ACCOUNT)

FAILURE TO PROVIDE REQUIRED DOCUMENTS WITHIN ALLOWED TIMEFRAME WILL RESULT IN LOSS OF COVERAGE

NOTIFICATION	ALLOWED CHANGES	REQUIRED DOCUMENTATION
<i>YOU MUST</i> notify the City within <u>60 days</u> if your family status changes due to one of the following reasons:	<i>YOU</i> may/must make the following changes:	<i>YOU</i> must provide the following documentation within <u>60 days</u> for changes to take effect
Marriage	Add Spouse Add Stepchildren	State of District Court-Certified Marriage License State-issued birth certificate with spouse's name
Divorce	Remove spouse (Required) Remove stepchildren (Required)	Court-ordered Divorce Decree – <u>FINAL</u>
Separation	Remove spouse Remove stepchildren	Legal separation agreement – Court document
Annulment	Same as divorce	Legal annulment – Court document
Birth	Add baby to existing family coverage Change from single to family coverage Enroll in coverage for the first time (employee and baby must enroll together)	State-issued birth certificate
Adoption/Placement for adoption	Same as birth	State-issued birth certificate or adoption agreement
Court-ordered coverage	Add dependent children	Court document that has been filed
Guardianship	Same as birth	Court documents
Legal Custody	Same as birth	Court documents
Dependent reaching plan age limit Health & Dental	Delete dependent	
Marriage of dependent	Remove dependent (optional)	
Common-law marriage	Add spouse Add stepchildren	Properly filed Affidavit of Common Law Birth certificates for any stepchildren
Death	Remove the dependent	Death Certificate
Loss of Coverage	Add new coverage for employee and or dependents	Proof of loss of coverage, including the effective date of the loss

Spouse gets a new job	Drop/enroll/add spouse & children	Same documentation of dependents
Spouse loses job	Enroll/add spouse & children	Same document of dependents, requires date of coverage loss
Return to work from unpaid leave (Military Leave or FMLA)	Re-enroll within 30 days of return	
Job Status Affects Eligibility:		
Full-time to part-time Limited/part-time to fulltime	Coverage terminates/COBRA eligible Enroll	Same documentation of dependents as above
Significant change in cost of coverage for spouse or employee	Drop/Enroll	Same documentation of dependents as above